

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 1 5 2019

NEW HAMPSHIRE EPARTMENT OF STATE

•				DEPARTMENT OF S
1. Name of Lobbyis	t(s) Debra Var	nderbeek, Robert Cl	egg, Periklis Karoutas, Lear	nn Moccia, Chris Herr
II. Name of lobbyis	t's partnership, firm	or corporation, if a	ny:	
1 4	egislative Solutions,	110		
	ame of partnership, firm			<u> </u>
	P.O. Box 10724	Bedford	· NH	03110
	Street)	(Town/City)	(State)	(Zip Code)
((4)) 986-9145	()	e-mai) dbeek@a	ol.com
(Telephone)	`	(Fax)		
reportable expense	transactions which a	are not attributable t	ts for each client, OR you me to any one client).	
	New Hampshire Ca	ımp Directors Assoc	iation	
	(Full Name of Clien	t as it appears on the Lo	bbyist Registration Form)	* *
OR All reportable tra unrelated to any part		yist (including the lob	byist's family), or the lobbyin	g firm listed below which are
IV. Date of Report	April 24, 2019 🎙 vivity from date of regist		July 31, 2019 activity from 4/1/19 to 6/30/15)
	October 30, 2019 activity from 7/1/19 to		January 29, 2020 activity from 10/1/19 to 12/31	1/19
	l, complete just this fo		transactions made since to be Secretary of State's Office, S	
VI. Check if addition	onal reports are atta	ched:		
*	•		ile Addendum A- Fees and E	xpenses
☐ If you have paid Expense Reimburser		mbursed expenses, yo	u must file Addendum B- Re	eport of Honorariums or
☐ If you, your firm	n, or your family has i	nade political contrib	utions, you must file Addendi	um C- Political Contributions
I have read RSA 15,	Affirmation by Lobby RSA 15-B, RSA 14-0 best of my knowledge	C and RSA 664 and he	ereby swear or affirm that the	foregoing information is true
	h/h/l	7_	April 9, 2019	
(Signature of lobby	ist)	/—	(Da	te)
Debra Vanderbeel	<			

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	·
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Camp Directors Association	Date April 9, 2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governme including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 1,500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	· ————
c) Total of all fees received to date (Add lines a and b)	c) § 1,500.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this regard purpose not covered by (a) (for example: purchase of a meal with value greater to be given to the subject of lobbying with a value greater texturant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	n client and if expenditures are made by may be filed for the lobbyist(s)/firm he aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person bied with a value of \$25.00 or less); and porting period of greater than \$25.00 for allue of greater than \$25, purchase of a later than \$25, but not greater than \$50 ns, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported.	a) \$ 1,500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1,500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>1,500.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	S
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
1 have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Olh h/n/4	April 9, 2019
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave	blank if Statement is for	or the partnership, firm, or	corporation and not related to a	any
particular client): New Hampshire Camp Directors Association				
Date of Report (check	one):			
April 24, 2019 🕱	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □	
the following Addends submitted): Addendum A(Addendum B(tums submitted with the state of the state o		nd Expenses described above, a umber of Addendum forms be	
Addendum C(Samuetian on the Stateme	nt and apply Addandum is true	and
	f my knowledge and be		nt and each Addendum is true a	1110
Jun 1		April	9, 2019	
(Signature of lobbyist)		(Date)	
Robert Clegg				
(Print Name of lobbyi	st)	 		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

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			corporation and not related to an
particular client): New Hampshire Camp Directors Association			
Date of Report (check	(one):		
April 24, 2019 7	July 31, 2019 🗆	October 30, 2019 □	January 29, 2020 □
			nd Expenses described above, an umber of Addendum forms bein
Addendum A	(s).		
Addendum B	(s).		
Addendum Co	(s).		
complete to the best of	f my knowledge and be	lief.	nt and each Addendum is true an
(Signature of lobbyist)		(Date)
Periklis Karoutas	ct)		
(Print Name of lobby	ગ <i>)</i>		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyis	ŝŧ
Statement of Income and Expenses for:	

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client): New Hampshire Camp Directors Association				_
Date of Report (chec	k one):			
April 24, 2019	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □	
	= -		nd Expenses described above, umber of Addendum forms be	
Addendum A	(s).			
Addendum B	(s).			
Addendum C	(s).			
	rm that the foregoing in of my knowledge and be	lief.	nt and each Addendum is true 9, 2019	and
(Signature of lobbyist)		(Date)	
Leann Moccia				
(Print Name of lobby	ist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client):	New Hampshire (Camp Directors Association	n	_
Date of Report (check	k one):			
April 24, 2019 🗖	July 31, 2019 🛚	October 30, 2019 □	January 29, 2020 □	
			nd Expenses described above, umber of Addendum forms be	
X Addendum A	(s).			
Addendum B	(s).			
Addendum C	(s).			
	rm that the foregoing in if my knowledge and be	lief.	nt and each Addendum is true	and
(Signature of lobbyist) ()		(Date)	
Chris Herr (Print Name of lobby	ict)			
TELLICING OF RODDY	131 <i>)</i>			